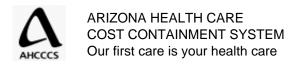
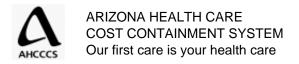


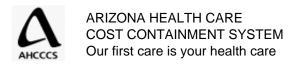
		NON FAC		
PROC	DESCRIPTION	RATE 2007	FAC RATE 2007	EFF DATE
	OFFICE OR OTHER OUTPATIENT VISIT			
00001	FOR THE EVALUATION AND MANAGEMENT OF A NEW PATI	\$35.75	¢22.40	40/4/2007
99201	OFFICE OR OTHER OUTPATIENT VISIT	\$35.75	\$22.18	10/1/2007
	FOR THE EVALUATION AND			
99202	MANAGEMENT OF A NEW	\$62.12	\$43.67	10/1/2007
	OFFICE OR OTHER OUTPATIENT VISIT			
	FOR THE EVALUATION AND		400.00	
99203	MANAGEMENT OF A NEW	\$91.83	\$66.97	10/1/2007
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND			
99204	MANAGEMENT OF A NEW	\$139.68	\$109.93	10/1/2007
	OFFICE OR OTHER OUTPATIENT VISIT		·	
	FOR THE EVALUATION AND			
99205	MANAGEMENT OF A NEW	\$175.29	\$144.02	10/1/2007
	OFFICE OR OTHER OUTPATIENT VISIT			
99211	FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLI	\$20.13	\$8.45	10/1/2007
00211	OFFICE OR OTHER OUTPATIENT VISIT	Ψ20.10	ψ0.40	10/1/2007
	FOR THE EVALUATION AND			
99212	MANAGEMENT OF AN	\$36.88	\$22.56	10/1/2007
	OFFICE OR OTHER OUTPATIENT VISIT			
99213	FOR THE EVALUATION AND MANAGEMENT OF AN	\$55.48	\$39.26	10/1/2007
99213	OFFICE OR OTHER OUTPATIENT VISIT	φ33.46	φ39.20	10/1/2007
	FOR THE EVALUATION AND			
99214	MANAGEMENT OF AN	\$84.15	\$61.94	10/1/2007
	OFFICE OR OTHER OUTPATIENT VISIT			
00045	FOR THE EVALUATION AND	0404.04	005.47	40/4/0007
99215	MANAGEMENT OF AN	\$121.84	\$95.47	10/1/2007
	OBSERVATION CARE DISCHARGE DAY MANAGEMENT (THIS CODE IS TO BE			
99217	UTILIZED BY THE PH	\$65.99	\$65.99	10/1/2007
	INITIAL OBSERVATION CARE, PER DAY,			
	FOR THE EVALUATION AND			
99218	MANAGEMENT OF A PATIEN	\$62.22	\$62.22	10/1/2007
	INITIAL OBSERVATION CARE, PER DAY,			
99219	FOR THE EVALUATION AND MANAGEMENT OF A	\$102.92	\$102.92	10/1/2007
	INITIAL OBSERVATION CARE, PER DAY,	ψ102.32	ψ102.32	10/1/2007
	FOR THE EVALUATION AND			
99220	MANAGEMENT OF A	\$144.79	\$144.79	10/1/2007
	INITIAL HOSPITAL CARE, PER DAY, FOR			
20024	THE EVALUATION AND MANAGEMENT OF	0015-	**	40///222
99221	A PATIENT W	\$84.95	\$84.95	10/1/2007



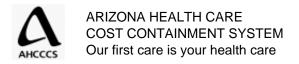
PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$119.12	\$119.12	10/1/2007
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$173.58	\$173.58	10/1/2007
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIEN	\$35.76	\$35.76	10/1/2007
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	\$59.56	\$59.56	10/1/2007
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	\$85.04	\$85.04	10/1/2007
99234	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A P	\$125.21	\$125.21	10/1/2007
99235	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A	\$164.80	\$164.80	10/1/2007
99236	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A	\$205.52	\$205.52	10/1/2007
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	\$65.59	\$65.59	10/1/2007
99239	MANAGEMENT; MORE THAN 30 MINUTES OFFICE CONSULTATION FOR A NEW OR	\$94.67	\$94.67	10/1/2007
99241	ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE	\$48.29	\$32.10	10/1/2007
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	\$89.21	\$67.37	10/1/2007
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	\$122.38	\$93.37	10/1/2007
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	\$179.38	\$145.86	10/1/2007
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	\$222.76	\$184.71	10/1/2007
99251	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE TH	\$45.87	\$45.87	10/1/2007



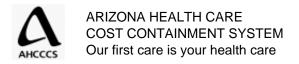
PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
99252	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE TH	\$73.55	\$73.55	10/1/2007
99253	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE TH	\$108.88	\$108.88	10/1/2007
99254	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE TH	\$156.50	\$156.50	10/1/2007
	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH			
99255	REQUIRES THESE TH EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH	\$195.12 \$19.53	\$195.12 \$19.53	10/1/2007
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$37.24	\$37.24	10/1/2007
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$60.56	\$60.56	10/1/2007
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$103.41	\$103.41	10/1/2007
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$154.77	\$154.77	10/1/2007
99288	PHYSICIAN DIRECTION OF EMERGENCY MEDICAL SYSTEMS (EMS) EMERGENCY CARE, ADVANCED	\$42.00	\$42.00	5/1/2004
99291	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJ	\$255.93	\$208.84	10/1/2007
99292	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY	\$114.60	\$104.81	10/1/2007
99293	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAG	\$758.09	\$758.09	10/1/2007
99294	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND	\$374.66	\$374.66	10/1/2007
99295	INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGE	\$869.08	\$869.08	10/1/2007



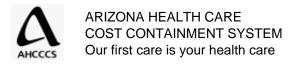
PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
99296	SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND	\$374.00	\$374.00	10/1/2007
99298	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE REC	\$133.28	\$133.28	10/1/2007
99299	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE REC	\$123.23	\$123.23	10/1/2007
99300	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE REC	\$118.67	\$118.67	10/1/2007
99304	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$60.98	\$60.98	10/1/2007
99305	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$81.02	\$81.02	10/1/2007
99306	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$99.60	\$99.60	10/1/2007
99307	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$31.82	\$31.82	10/1/2007
99308	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$52.63	\$52.63	10/1/2007
99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$73.77	\$73.77	10/1/2007
99310	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$92.53	\$92.53	10/1/2007
99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	\$57.08	\$57.08	10/1/2007
99316	NURSING FACILITY DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	\$74.99	\$74.99	10/1/2007
99318	EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY ASSE	\$60.98	\$60.98	10/1/2007
99324	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$54.50	\$54.50	10/1/2007
99325	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$79.46	\$79.46	10/1/2007



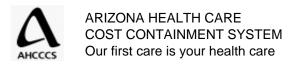
Арріісаріе ГА	ARS/DFARS apply.	NON EAG		
PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
99326	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$114.51	\$114.51	10/1/2007
99327	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$150.27	\$150.27	10/1/2007
99328	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$186.07	\$186.07	10/1/2007
	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	·		
99334	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	\$42.19 \$66.43	\$42.19 \$66.43	10/1/2007
99336	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	\$101.82	\$101.82	10/1/2007
99337	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	\$149.52	\$149.52	10/1/2007
99339	INDIVIDUAL PHYSICIAN SUPERVISION OF A PATIENT (PATIENT NOT PRESENT) IN HOME, DOM	\$66.85	\$66.85	10/1/2007
99340	INDIVIDUAL PHYSICIAN SUPERVISION OF A PATIENT (PATIENT NOT PRESENT) IN HOME, DOM	\$92.77	\$92.77	10/1/2007
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES TH	\$54.12	\$54.12	10/1/2007
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	\$79.46	\$79.46	10/1/2007
99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	\$115.26	\$115.26	10/1/2007
99344	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	\$150.65	\$150.65	10/1/2007
99345	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	\$186.07	\$186.07	10/1/2007
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH RE	\$42.19	\$42.19	10/1/2007



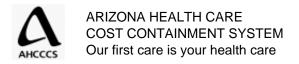
	NON EAC		
DESCRIPTION	RATE 2007	FAC RATE 2007	EFF DATE
HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	\$66.43	\$66.43	10/1/2007
HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED	ψ00.43	ψ00.43	10/1/2007
PATIENT, WHICH HOME VISIT FOR THE EVALUATION AND	\$102.20	\$102.20	10/1/2007
MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	\$150.65	\$150.65	10/1/2007
PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING		\$20.00	40/4/0007
PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING	·		10/1/2007
PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT	\$83.68	\$83.68	10/1/2007
PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT	\$84.08	\$84.08	10/1/2007
PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/ OR AFTER DIRECT (FACE-TO	\$94.38	\$94.38	10/1/2007
PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/OR AFTER DIRECT	\$45.47	\$45.47	10/1/2007
PHYSICIAN STANDBY SERVICE, REQUIRING PROLONGED PHYSICIAN ATTENDANCE, EACH 30 MIN	\$42.90	\$42.90	10/1/2007
MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSI	\$41.00	\$41.00	5/1/2004
MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF			
ANTICOAGULANT MANAGEMENT FOR AN OUTPATIENT TAKING WARFARIN,	\$90.00	\$90.00	5/1/2004
PHYSICIAN REVIEW AND ANTICOAGULANT MANAGEMENT FOR AN	\$107.63	\$73.35	10/1/2007
OUTPATIENT TAKING WARFARIN, PHYSICIAN REVIEW AND	\$37.38	\$28.72	10/1/2007
TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL MANAGEME	RΒ	RD	1/1/1992
	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/OR AFTER DIRECT (FACE-TO PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/OR AFTER DIRECT (FACE-TO PHYSICIAN STANDBY SERVICE, REQUIRING PROLONGED PHYSICIAN ATTENDANCE, EACH 30 MIN MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSI MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH ANTICOAGULANT MANAGEMENT FOR AN OUTPATIENT TAKING WARFARIN, PHYSICIAN REVIEW AND ANTICOAGULANT MANAGEMENT FOR AN OUTPATIENT TAKING WARFARIN, PHYSICIAN REVIEW AND TELEPHONE CALL BY A PHYSICIAN TO	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH \$66.43 HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH \$102.20 HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH \$150.65 PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING \$91.40 PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING \$90.62 PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT \$83.68 PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT \$84.08 PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT \$84.08 PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/OR AFTER DIRECT (FACE-TO \$94.38 PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/OR AFTER DIRECT (FACE-TO \$45.47 PHYSICIAN STANDBY SERVICE, REQUIRING PROLONGED PHYSICIAN ATTENDANCE, EACH 30 MIN \$42.90 MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSI \$41.00 MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH \$90.00 ANTICOAGULANT MANAGEMENT FOR AN OUTPATIENT TAKING WARFARIN, PHYSICIAN REVIEW AND \$107.63 ANTICOAGULANT MANAGEMENT FOR AN OUTPATIENT TAKING WARFARIN, PHYSICIAN REVIEW AND \$37.38 TELEPHONE CALL BY A PHYSICIAN TO PATIENT TAKING WARFARIN, PHYSICIAN REVIEW AND \$37.38	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH \$66.43 \$66.45 \$66.45 \$66.45 \$66.45 \$66.45 \$66.45 \$66.45 \$66.45 \$66.45 \$66.45 \$66.45 \$66.45 \$66.45 \$66.45 \$66.45 \$



	NON EAC		
DESCRIPTION	RATE 2007	FAC RATE 2007	EFF DATE
TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL	BR	BR	1/1/1992
TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL	BR	BR	1/1/1992
PHYSICIAN SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY (PATIENT NOT	\$64.35	\$53.80	10/1/2007
PHYSICIAN SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY	·		
PHYSICIAN SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRESENT)			10/1/2007
PHYSICIAN SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRESENT) REQUIRING	\$123.54	\$120.52	10/1/2007
PHYSICIAN SUPERVISION OF A NURSING FACILITY PATIENT (PATIENT NOT PRESENT)	\$63.95	\$53.40	10/1/2007
PHYSICIAN SUPERVISION OF A NURSING FACILITY PATIENT (PATIENT NOT PRESENT)	\$96.39	\$83.96	10/1/2007
INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$94.16	\$58.00	10/1/2007
INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	\$101.46	\$66.05	10/1/2007
INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	\$99.96	\$66.05	10/1/2007
INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	\$108.41	\$74.51	10/1/2007
INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN		·	10/1/2007
INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND			10/1/2007
INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND			10/1/2007
	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL PHYSICIAN SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY (PATIENT NOT PHYSICIAN SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY (PATIENT NOT PHYSICIAN SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRESENT) REQUIRING PHYSICIAN SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRESENT) REQUIRING PHYSICIAN SUPERVISION OF A NURSING FACILITY PATIENT (PATIENT NOT PRESENT) PHYSICIAN SUPERVISION OF A NURSING FACILITY PATIENT (PATIENT NOT PRESENT) INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INITIAL 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PROC	DESCRIPTION	NON FAC RATE	FAC RATE	EFF DATE
	22001	2007	2007	2 272
	PERIODIC COMPREHENSIVE PREVENTIVE			
99391	MEDICINE REEVALUATION AND MANAGEMENT OF AN IND	\$73.28	\$49.55	10/1/2007
	PERIODIC COMPREHENSIVE PREVENTIVE	ψ. σ.2σ	ψ.ο.σσ	10/1/2007
	MEDICINE REEVALUATION AND	*	^-	
99392	MANAGEMENT OF AN PERIODIC COMPREHENSIVE PREVENTIVE	\$81.73	\$58.00	10/1/2007
	MEDICINE REEVALUATION AND			
99393	MANAGEMENT OF AN	\$80.98	\$58.00	10/1/2007
	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND			
99394	MANAGEMENT OF AN	\$89.03	\$66.05	10/1/2007
	PERIODIC COMPREHENSIVE PREVENTIVE	,	*	
2222	MEDICINE REEVALUATION AND	***	\$22.05	40/4/0007
99395	MANAGEMENT OF AN PERIODIC COMPREHENSIVE PREVENTIVE	\$89.79	\$66.05	10/1/2007
	MEDICINE REEVALUATION AND			
99396	MANAGEMENT OF AN	\$98.99	\$74.51	10/1/2007
	PERIODIC COMPREHENSIVE PREVENTIVE			
99397	MEDICINE REEVALUATION AND MANAGEMENT OF AN	\$109.65	\$83.28	10/1/2007
-	PREVENTIVE MEDICINE COUNSELING	ψ.σσ.σσ	φσο:_σ	10,1,2001
	AND/OR RISK FACTOR REDUCTION	.		
99401	INTERVENTION(S) PROV PREVENTIVE MEDICINE COUNSELING	\$37.85	\$23.16	10/1/2007
	AND/OR RISK FACTOR REDUCTION			
99402	INTERVENTION(S)	\$63.21	\$47.01	10/1/2007
	PREVENTIVE MEDICINE COUNSELING			
99403	AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	\$87.52	\$70.57	10/1/2007
00 100	PREVENTIVE MEDICINE COUNSELING	ψ01.02	ψ. σ.σ.	10/1/2001
	AND/OR RISK FACTOR REDUCTION			
99404	INTERVENTION(S) PREVENTIVE MEDICINE COUNSELING	\$112.53	\$94.07	10/1/2007
	AND/OR RISK FACTOR REDUCTION			
99411	INTERVENTION(S) PROV	\$12.67	\$7.39	10/1/2007
	PREVENTIVE MEDICINE COUNSELING			
99412	AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	\$18.34	\$12.31	10/1/2007
	ADMINISTRATION AND INTERPRETATION	ψ10.04	ψ12.01	10, 1,2001
	OF HEALTH RISK ASSESSMENT		_	
99420	INSTRUMENT (EG, HEAL UNLISTED PREVENTIVE MEDICINE	\$8.69	\$8.69	4/1/2007
99429	SERVICE	BR	BR	1/1/1992



PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
99431	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INITIATION OF DIAGNOSTIC A	\$55.06	\$55.06	10/1/2007
99432	NORMAL NEWBORN CARE IN OTHER THAN HOSPITAL OR BIRTHING ROOM SETTING, INCLUDING	\$81.52	\$59.68	10/1/2007
99433	SUBSEQUENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A NORMAL	\$29.09	\$29.09	10/1/2007
99435	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INCLUDING THE PREPARATION	\$74.61	\$74.61	10/1/2007
99436	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY DELIVERING PHYSICIAN) AND INITIAL	\$70.09	\$70.09	10/1/2007
99440	NEWBORN RESUSCITATION: PROVISION OF POSITIVE PRESSURE VENTILATION AND/OR CHEST	\$137.43	\$137.43	10/1/2007
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	BR	BR	1/1/1992
G0175	SCHEDULED INTERDISCIPLINARY TEAM CONFERENCE (MINIMUM OF THREE EXCLUSIVE OF	BR	BR	1/1/2001
G0179	PHYSICIAN RE-CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A	\$51.20	\$51.20	10/1/2007
G0180	PHYSICIAN CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A HOME	\$67.11	\$67.11	10/1/2007
G0245	INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC	\$63.64	\$44.61	10/1/2007
G0246	FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH	\$37.61	\$22.85	10/1/2007
G0247	ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY	\$40.14	\$26.16	10/1/2007
G0250	PHYSICIAN REVIEW, INTERPRETATION AND PATIENT MANAGEMENT OF HOME INR TESTING FOR	\$9.46	\$9.46	10/1/2007
G0337	HOSPICE EVALUATION AND COUNSELING SERVICES, PRE-ELECTION	\$68.65	\$68.65	10/1/2007